



City of Wenatchee Parks and Recreation Department

To Potential Instructor:

Thank you for your interest in the City of Wenatchee Parks and Recreation Department. It is our goal to offer a wide variety of high quality recreation program activities that helps to meet the leisure needs of the community. We are constantly looking for new programs and activities, so we look forward to hearing more from you.

Enclosed you will find a "Recreation Program Proposal Packet". Please fill it out completely and return it to the Parks and Recreation Department. It will enable us to evaluate your program, evaluate our ability to provide the program within our budgetary, facility and staffing capacity and assess how it can best fit within our existing offerings.

Our programs are promoted on a semi-annual basis. The dates are as follows:

	<u>Program Dates</u>	<u>Proposals Due</u>
Fall/Winter	September through March	July 15th
Spring/Summer	April through August	February 15

Recreation Program Proposal Packet

Please complete as many of the spaces as possible. Use additional sheets if needed.

PROGRAM INFORMATION

PROGRAM NAME: _____

DESCRIPTION: _____

OBJECTIVES: (What is to be accomplished in this program)

1. _____

2. _____

3. _____

PERFORMANCE MEASURES: (How to tell if the program is successful or not)

1. _____

2. _____

3. _____

NUMBER OF CLASSES: _____ START TIME: _____ END TIME: _____

DAY (S) OF WEEK: SUN MON TUES WED THURS FRI SAT

LOCATION: _____

EQUIPMENT/MATERIALS NEEDED (Tables, electricity, sink etc): _____

EQUIPMENT/MATERIALS PROVIDED BY INSTRUCTOR (Tables, electricity, sink etc): _____

PARTICIPANT AGE(S): _____

NUMBER OF PARTICIPANTS: MAXIMUM: _____ MINIMUM: _____

RECOMMENDED CLASS REGISTRATION FEE: _____

WILL OUTSIDE MATERIALS NEED TO BE PURCHASED BY THE PARTICIPANT? IF YES, DESCRIBE AND INCLUDE THE COST: _____

IS THERE ANY ADDITIONAL INFORMATION THE PARTICIPANT WILL NEED WHEN REGISTERING? _____

INSTRUCTOR INFORMATION

NAME: _____
STREET: _____ CITY: _____ ZIP: _____
PHONE: _____ EMAIL: _____

WOULD YOU PREFER TO WORK AS A:

- ☐ TEMPORARY CITY EMPLOYEE WHAT WAGE WOULD YOU EXPECT PER HOUR? _____
- ☐ INDEPENDENT CONTRACTOR HOW MUCH WOULD YOU BILL FOR YOUR SERVICES? _____
DO YOU HAVE A BUSINESS LICENSE? ☐ YES ☐ NO
DO YOU HAVE LIABILITY INSURANCE? ☐ YES ☐ NO
- ☐ VOLUNTEER

WHAT TYPE OF PUBLICITY WOULD YOU LIKE TO USE? _____

PLEASE INCLUDE A JPEG OF ANY GRAPHICS YOU WOULD LIKE INCLUDED IN PRINT MATERIALS

DO YOU CURRENTLY HAVE A LIST OF POTENTIAL PARTICIPANTS INTERESTED IN THE PROGRAM? _____

ARE THERE ANY ADDITIONAL COMMENTS/INFORMATION ABOUT YOUR PROGRAM YOU WOULD LIKE TO ADD? _____

RETURN THE COMPLETED PACKET WITH ANY ATTACHEMENTS TO:

Wenatchee Parks and Recreation
PO Box 519
Wenatchee, WA 98801